

## West Nile Virus Positive Mosquito Pool Report Form

County where mosquito(s) were collected:
Method of testing (Ramp, VecTest, PCR):
Date of trap collection:
Species:
Approximate number of mosquitoes included* in tested pool:
*this is total number of mosquitoes in the trap(s).
Name of person reporting results:
Organization:
Phone:

Please complete all of the fields listed above in order to have your data submitted to the Arbonet Disease Reporting System at the U.S. Centers for Disease Control.

Please fax, mail, or email your completed forms to:

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